



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: Kimberly A. Gillis *et al.*

Application No.: 09/997,424 -- 6432

Filed: November 28, 2001

For: Expression Analysis of SMARC Nucleic Acids
And Polypeptides Useful In The Diagnosis And
Treatment of Prostate Cancer

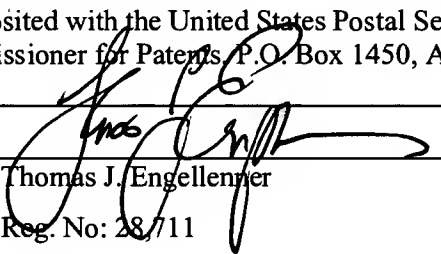
Attorney Docket No.: 102729-16

Group Art Unit: 1642

Examiner: Minh Tam Davis

Certificate of Mailing (37 C.F.R. 1.8(a))

I hereby certify that this correspondence is being deposited with the United States Postal Service Post Office as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date set forth below.

April 29, 2004	By:	
Date of Signature and Mail Deposit		Thomas J. Engellenner Reg. No: 28,711

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Dear Sir:

This Amendment and Response is submitted in response to the Office Action dated December 04, 2003. Please amend the above-referenced patent application as follows:

Amendments to the Specification begin on page 2 of this submission.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this submission.

Remarks begin on page 8 of this submission.

**AMENDMENT TRANSMITTAL LETTER**Docket No.
102729-16Application No.
09/997,424Filing Date
November 28, 2001Examiner
Minh Tam DavisArt Unit
1642

Applicant(s): Kimberly A. Gillis et al.

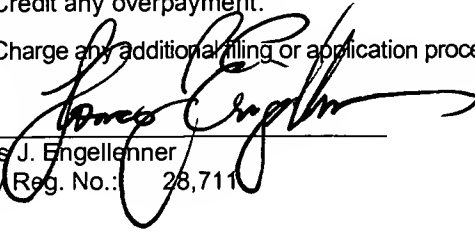
Invention: Expression Analysis of SMARC Nucleic Acids And Polypeptides Useful In The Daignosis And Treatment of Prostate Cancer

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	34	- 33 =	1	x 18.00	18.00
Independent Claims	8	- 8 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$18.00 is enclosed to cover the extra claim fee.☒ A check in the amount of \$420.00 is enclosed to cover the extension fee.☐ The Director is hereby authorized to charge and credit Deposit Account No. _____
as described below. A duplicate copy of this sheet is enclosed.☐ Credit any overpayment.☐ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Thomas J. Engellenner
Attorney Reg. No.: 28,711Dated: April 29, 2004